

<h1>ORDER FOR SUPPLIES OR SERVICES</h1>						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1 OF:		
(Contractor must submit four copies of invoice).										
Public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.										
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.										
1. CONTRACT / PURCH ORDER NO.			2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD)		4. REQ. NUM.		5. PRIORITY	
6. ISSUED BY: CODE			7. ADMINISTERED BY CODE			8. DELIVERY FOB				
						<input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule if Other)</i>				
9. CONTRACTOR CODE			FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS:			
							<input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Women-Owned			
					12. DISCOUNT TERMS					
					13. MAIL INVOICES TO:					
14. SHIP TO CODE			15. PAYMENT WILL BE MADE BY: CODE			MARK ALL PACKAGES WITH CONTRACT OR ORDER NUMBER				
16. TYPE OF ORDER	DELIVERY	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
	PURCHASE	<input type="checkbox"/>	Reference Your							
	<input type="checkbox"/>	<input type="checkbox"/>	ACCEPTANCE. The Contractor hereby accepts the offer represented by the numbered purchase order as it may previously have been or is now modified, subject to all of the terms and conditions set forth, and agrees to perform the same.							
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> NAME OF CONTRACTOR <small>If this box is marked, supplier must sign Acceptance and return the following number of copies:</small> </div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYMMDD)</div> </div>										
17. ACCOUNTING AND APPROPRIATION DATA										
18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE				20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
0001	IAW Basic Contract SOW Attached Hereto Data IAW DD Form 1423 dated 01 Nov 95 This is a completion type delivery order. The Total Estimated Cost Plus Fixed Fee allocation is based on total of 12,000 direct labor hours (subcontractor effort included).						Est Cost: Fixed Fee: FCCM: Total Est:	\$323,237 10,343 300 \$333,880		
0002										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle					24. UNITED STATES OF AMERICA BY: _____ <div style="text-align: center;">Contracting Officer</div>			25. TOTAL		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, and conforms to the contract except as noted					27. SHIP NO.		28. D.O. VOUCHER NO.		29. DIFFERENCE	
					<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL					
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE 36. I certify this account is correct and proper for payment					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS		32. PAID BY	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE									33. AMOUNT VERIFIED CORRECT FOR	
							34. CHECK NUMBER		35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.